

Head Start Enrollment Application

(Staff to complete shaded areas)

THE CHILD'S INFORMATION															
(CO1) Child's legal name			First		Middle		Last		Age by September 30th						
Name usually used for child				Sex F M		Child's DOB (mm/dd/yyyy)		Child's Social Security Number - -							
Child's Race: Black White Hispanic Nat. Amer. Asian Other _____			Child's Primary Language English Spanish Asian Other _____			Secondary Language English Spanish Asian Other _____		Child's National Origin							
THE CHILD'S FAMILY INFORMATION															
Primary adult name				Social Security - -		Marital Status: Single Married Divorced		Parental Status: One parent Two parent							
Secondary Parent (if any)				Social Security - -		Primary Language		Secondary Language							
Residential Address					Mailing Address (if different from Residential Address)										
City		State		Zip Code		City		State		Zip Code					
Primary Phone Number (including area code)					Other Phone (including area code)										
Total in Family		Total of Children:		Ages 0-3:		Ages 4-5:		Total Siblings Enrolled in Head Start:		Total in Home:					
ELIGIBILITY INFORMATION															
Does Family Receive TANF/CalWORKs? Yes No			Circle one if applicable: Medi-cal, IEHP, Healthy Families or CHIPS				Child's Insurance Number								
Length of time on TANF/ CalWORKs?			Does Family Receive Food Stamps? Yes No		Does Family Have Medical Insurance? Yes No		Medical Insurance Name & Number								
VERIFIABLE INFORMATION															
Income: Twice a month x 24 = annual income Monthly x 12 = annual income					Weekly x 52 = annual income Bi-weekly x 26 = annual income										
CODE		FAMILY MEMBER			ANNUAL INCOME			SOURCE							
A01								Employment Disability TANF Unemployment Other _____							
A02								Employment Disability TANF Unemployment Other _____							
A03								Employment Disability TANF Unemployment Other _____							
		Total annual income													
FAMILY MEMBER INFORMATION															
CODE		(Enter Primary Adult First) First & Last Name		Date of Birth		How Related to Applicant		Sex		Ed. Level		Employ. Status		Notes	
A01								F M							
A02								F M							
A03								F M							

CODE	First & Last Name of Children in the Home	Date of Birth	Sex	How Related to Applicant	Notes		
C01			F M				
C02			F M				
C03			F M				
C04			F M				
C05			F M				
C06			F M				
C07			F M				
C08			F M				
TRANSPORTATION INFORMATION							
Type of Transportation? Circle one. Car Bus Walk Other							
Is Head Start Bus needed? Yes No If needed, why?							
Certification: I certify that this information is true. If any part is false, my participation in this agency's programs may be terminated. I also understand that the information in this application will be held in strict confidence within the agency and is accessible to me during normal business hours.							
Children with special needs may receive priority for Head Start enrollment. Your disclosure of this information is strictly voluntary.							
1. Does your child have a disability? _____ (If no, please go to question #5)							
2. Type of special need or disability _____							
3. Has the disability been professionally diagnosed? _____ (If yes, at what age _____? By whom? _____)							
4. Is the child receiving special services for the disability? _____							
5. In your opinion, does your child have a special need that has not yet been diagnosed? If yes, please explain: _____							
Is the parent(s) currently in school? Y N If so, who?		In a job-related training program? Y N If so, who?		In a skills training program? Y N If so, who?			
Parent/Guardian Signature: _____			Date: _____				
TO BE COMPLETED BY STAFF							
School Year:	Program Code:	Program Desc.:	Participation Year:				
Acceptance Status:	Center Name/ID:	Application Status:	Application Date:				
Eligibility Comments:							
Child Eligible Next Year? Yes No		Sibling Eligible Next Year? Yes No		Family ID:			
Income Status:		Disability Status: Disabled Not Disabled		If suspected, please explain:			
Income Verified? Yes No		Verification Provided: Check Stub [] W2 [] Letter [] other []					
Total Income: \$		WIC ? Yes [] No []	Food Stamp Number? Yes [] No [] Food Stamp Number:				
Birth Verified? Yes No			Verification Provided:				
Verifying Staff member Signature			Date:				